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Image# NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions) This form should be filed after the Committee qualifies as a multicandidate committee. 1. (a) NAME OF COMMITTEE IN FULL **ACTBLUE** (b) Number and Street Address P.O. Box 382110 2. FEC IDENTIFICATION NUMBER C00401224 (c) City, State and ZIP Code TYPE OF COMMITTEEcheck one) ☐ STATE PARTY Cambridge MA 02238 I certify that **one** of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: -FEC Identification Number: STATUS BY QUALIFICATION: 5. candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.): Office Sought State/District Name Date (i) JAMES R STORK 06/30/2004 House FL 22 (ii) RICHARD ROBERTS IV MORRISON 22 06/30/2004 House TX (iii) STANLEY MATSUNAKA House CO 04 06/30/2004 (iv) LOIS MURPHY PΑ 06/30/2004 House 06 (v) JOSEPH M HOEFFEL PA 00 06/30/2004 Senate Contributors: The committee received a contribution from its 51st contributor 06/30/2004 Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 05/17/2004 (d) Qualification: The committee met the above requirements on: 06/30/2004 I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete. TYPE OR PRINT NAME OF TREASURER SIGNATURE OF TREASURER DATE Electronically Filed by Matt DeBergalis 01/30/2004 Matt DeBergalis Note: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
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